

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213550390				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Amerigroup Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TX</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: F1879057</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>700,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	700,000
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COMMON	700,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3800 BUFFALO SPEEDWAY, STE 400</p> <p style="text-align: center;">CITY/ST/ZIP: HOUSTON, TX 77098</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PATRICIA LEANN BEHRENS TITLE: PRESIDENT/CEO ADDRESS: 1200 E. COPELAND ROAD, SUITE 200 CITY/ST/ZIP/CO: ARLINGTON, TX 76011 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PATRICIA LEANN BEHRENS TITLE: PRESIDENT/CEO ADDRESS: 1200 E. COPELAND ROAD, SUITE 200 CITY/ST/ZIP/CO: ARLINGTON, TX 76011	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MILTON THOMAS VICE PRESIDENT 3800 BUFFALO SPEEDWAY SUITE 400 HOUSTON, TX 77098	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK YOUNG ASST SECRETARY 4425 CORPORATION LANE VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC KENNETH NOBLE ASST TREASURER 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ KATHLEEN S KIEFER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		KATHLEEN S KIEFER, SECRETARY PRINTED NAME AND CORPORATE TITLE		10/29/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					